

<i>SERFF Tracking Number:</i>	<i>STAN-126981581</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Standard Insurance Company</i>	<i>State Tracking Number:</i>	<i>47716</i>
<i>Company Tracking Number:</i>	<i>PR9(12/10)</i>		
<i>TOI:</i>	<i>H111 Individual Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H111.004 Other</i>
<i>Product Name:</i>	<i>CAT Riders</i>		
<i>Project Name/Number:</i>	<i>Rider Update/PR9_1210</i>		

Filing at a Glance

Company: Standard Insurance Company

Product Name: CAT Riders

TOI: H111 Individual Health - Disability Income

Sub-TOI: H111.004 Other

Filing Type: Form

SERFF Tr Num: STAN-126981581 State: Arkansas

SERFF Status: Closed-Approved-Closed
State Tr Num: 47716

Co Tr Num: PR9(12/10)

State Status: Approved-Closed

Authors: Sharon Denman, Ruth
Ansin, Barbara Lynch

Reviewer(s): Rosalind Minor

Disposition Date: 02/01/2011

Date Submitted: 01/14/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Rider Update

Project Number: PR9_1210

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Barbara Lynch

Filing Description:

RE:

Standard Insurance Company, NAIC No. 69019

New Submission – Replacement of previously approved riders

Form Filing - Individual Disability Income Insurance Riders - PR9(12/10) and PR9GI(12/10)

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Being filed
simultaneously

Market Type: Individual

Individual Market Type:

Filing Status Changed: 02/01/2011

State Status Changed: 02/01/2011

Created By: Barbara Lynch

Corresponding Filing Tracking Number:

Enclosed for your review and approval are revised riders, PR9(12/10) and PR9GI(12/10), for use with our individual disability income insurance policy forms, B170(7/10)AR and B170GI(7/10)AR, approved by your office on October 8,

SERFF Tracking Number:	STAN-126981581	State:	Arkansas
Filing Company:	Standard Insurance Company	State Tracking Number:	47716
Company Tracking Number:	PR9(12/10)		
TOI:	H111 Individual Health - Disability Income	Sub-TOI:	H111.004 Other
Product Name:	CAT Riders		
Project Name/Number:	Rider Update/PR9_1210		

2010. (SERFF Tracking No.: STAN-126741941, State Tracking No.: 46888.)

We have determined that the originally filed rider forms need clarification regarding the duration of benefit payments in situations where the insured is receiving lifetime payments for presumptive total disability. The catastrophic disability benefit is intended to be payable up to the end of the policy's maximum benefit period, not for the lifetime of the insured. This change is for correction/clarification only. The changes made to these forms do not impact the actuarial memo or rates previously submitted. Included under the Supporting Documentation tab, are red-line mark-ups showing the revisions made from the currently approved forms.

These new versions will replace riders PR9(7/10) and PR9GI(7/10), approved by your office as noted above. Upon approval these riders will be used for new issues only. Any policies currently in force with the currently approved version are not affected.

Below is a brief description of these riders:

Catastrophic Disability Benefit Riders, PR9(12/10) and PR9GI(12/10)

These twin riders pay an additional monthly benefit if the insured is receiving benefits for total disability and also suffering a loss of two or more activities of daily living or has severe cognitive impairment, or is presumptively disabled.

Company and Contact

Filing Contact Information

Barbara Lynch, Senior Compliance Analyst	blynch2@standard.com
900 SW Fifth Avenue	971-321-6705 [Phone]
C14	971-321-6407 [FAX]
Portland, OR 97204	

Filing Company Information

Standard Insurance Company	CoCode: 69019	State of Domicile: Oregon
1100 SW 6th Avenue	Group Code: 1348	Company Type: Life Insurance
Portland, OR 97204	Group Name: SIC	State ID Number:
(971) 321-6823 ext. [Phone]	FEIN Number: 93-0242990	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No

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<i>Company Tracking Number:</i>	<i>PR9(12/10)</i>		
<i>TOI:</i>	<i>H111 Individual Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H111.004 Other</i>
<i>Product Name:</i>	<i>CAT Riders</i>		
<i>Project Name/Number:</i>	<i>Rider Update/PR9_1210</i>		
Fee Explanation:	\$50.00 per form times 2 forms.		
Per Company:	No		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Standard Insurance Company	\$100.00	01/14/2011	43795558

<i>SERFF Tracking Number:</i>	<i>STAN-126981581</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>PR9(12/10)</i>		
<i>TOI:</i>	<i>H111 Individual Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H111.004 Other</i>
<i>Product Name:</i>	<i>CAT Riders</i>		
<i>Project Name/Number:</i>	<i>Rider Update/PR9_1210</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/01/2011	02/01/2011

<i>SERFF Tracking Number:</i>	<i>STAN-126981581</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Standard Insurance Company</i>	<i>State Tracking Number:</i>	<i>47716</i>
<i>Company Tracking Number:</i>	<i>PR9(12/10)</i>		
<i>TOI:</i>	<i>H111 Individual Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H111.004 Other</i>
<i>Product Name:</i>	<i>CAT Riders</i>		
<i>Project Name/Number:</i>	<i>Rider Update/PR9_1210</i>		

Disposition

Disposition Date: 02/01/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>STAN-126981581</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Standard Insurance Company</i>	<i>State Tracking Number:</i>	<i>47716</i>
<i>Company Tracking Number:</i>	<i>PR9(12/10)</i>		
<i>TOI:</i>	<i>H111 Individual Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H111.004 Other</i>
<i>Product Name:</i>	<i>CAT Riders</i>		
<i>Project Name/Number:</i>	<i>Rider Update/PR9_1210</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Red-line compares	Approved-Closed	Yes
Form	Catastrophic Disability Benefit Rider	Approved-Closed	Yes
Form	Catastrophic Disability Benefit Rider (GI version)	Approved-Closed	Yes

SERFF Tracking Number: STAN-126981581 State: Arkansas

Filing Company: Standard Insurance Company State Tracking Number: 47716

Company Tracking Number: PR9(12/10)

TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other

Product Name: CAT Riders

Project Name/Number: Rider Update/PR9_1210

Form Schedule

Lead Form Number: PR9(12/10)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 02/01/2011	PR9(12/10)	Certificate Amendments, Insert Page, Endorsement or Rider	Catastrophic Disability Benefit Rider	Initial		56.000	PR9_1210.pdf
Approved-Closed 02/01/2011	PR9GI(12/10)	Certificate Amendments, Insert Page, Endorsement or Rider	Catastrophic Disability Benefit Rider (GI version)	Initial		50.000	PR9GI_1210.pdf

STANDARD INSURANCE COMPANY

CATASTROPHIC DISABILITY BENEFIT RIDER

BENEFIT FOR CATASTROPHIC DISABILITY

You are eligible for a Catastrophic Disability Benefit if:

- You become Catastrophically Disabled while this rider is in force; and
- You continue to be Catastrophically Disabled; and
- Disability Benefits are payable for Total Disability.

Catastrophic Disability / Catastrophically Disabled means that due to your Injury or Sickness:

- You are unable to safely and completely perform two or more Activities Of Daily Living without Hands-On Assistance or Standby Assistance due to loss of functional capacity; or
- You require Substantial Supervision for your health or safety due to Severe Cognitive Impairment; or
- You are Presumptively Disabled.

While you are eligible for a Catastrophic Disability Benefit, payment of this benefit will begin at the same time Disability Benefits begin, will be paid monthly at the same time Disability Benefits are paid and will cease at the end of the Maximum Benefit Period shown on the Policy Data page. If you are Presumptively Disabled and eligible for Disability Benefits for your lifetime, the payment of the Catastrophic Disability Benefit will cease at the end of the Maximum Benefit Period.

The amount of the Catastrophic Disability Benefit is shown on the Policy Data page. Payment of Catastrophic Disability Benefits will be in addition to any other benefit payment that may be due under the policy or any other rider made part of the policy.

GENERAL PROVISIONS

RIDER PREMIUM

The annual premium for this rider is shown on the Policy Data page. We can change the premium amount only: (1) After the rider has been in force for three years; and (2) If the change applies to all policies with like benefits insuring the same Risk Class.

RIDER EFFECTIVE DATE

The effective date for this rider is the same as the Policy Effective Date, unless a different effective date has been given to this rider by endorsement signed by you and the Owner, if different.

TIME LIMIT ON CERTAIN DEFENSES

The policy's Time Limit On Certain Defenses provision will apply to this rider as of the effective date of this rider.

TERMINATION OF RIDER

This rider will end on the Termination Date unless the policy ends for any reason prior to that. In addition, the Owner may terminate this rider by sending us a written request. Such termination will be effective on the date the request is received at our Home Office, or on the date the Owner requests, subject to our approval. Termination of this rider may require termination of other riders.

PART OF POLICY

This rider is part of the policy to which it is attached. All policy terms and conditions will apply to this rider if they have not been changed by this rider and do not conflict with this rider.

STANDARD INSURANCE COMPANY

By



J. Greg Ness
President



Holley Y. Franklin
Corporate Secretary

STANDARD INSURANCE COMPANY

CATASTROPHIC DISABILITY BENEFIT RIDER

BENEFIT FOR CATASTROPHIC DISABILITY

You are eligible for a Catastrophic Disability Benefit if:

- You become Catastrophically Disabled while this rider is in force; and
- You continue to be Catastrophically Disabled; and
- Disability Benefits are payable for Total Disability.

While you are eligible for a Catastrophic Disability Benefit, payment of this benefit will begin at the same time Disability Benefits begin, will be paid monthly at the same time Disability Benefits are paid and will cease at the end of the Maximum Benefit Period shown on the Policy Data page. If you are Presumptively Disabled and eligible for Disability Benefits for your lifetime, the payment of the Catastrophic Disability Benefit will cease at the end of the Maximum Benefit Period.

The amount of the Catastrophic Disability Benefit is shown on the Policy Data page. Payment of Catastrophic Disability Benefits will be in addition to any other benefit payment that may be due under the policy or any other rider made part of the policy.

Catastrophic Disability / Catastrophically Disabled means that due to your Injury or Sickness:

- You are unable to safely and completely perform two or more Activities Of Daily Living without Hands-On Assistance or Standby Assistance due to loss of functional capacity; or
- You require Substantial Supervision for your health or safety due to Severe Cognitive Impairment; or
- You are Presumptively Disabled.

DEFINITIONS

Activities Of Daily Living are Bathing; Continence; Dressing; Eating; Toileting; and Transferring, defined as follows:

- **Bathing** means washing oneself with or without the help of adaptive devices. Washing may be in the tub or shower or by sponge bath.
- **Continence** means voluntarily controlling bowel and bladder function; or if incontinent, maintaining a reasonable level of personal hygiene.
- **Dressing** means putting on or removing all items of: clothing and footwear; medically necessary braces; and artificial limbs.
- **Eating** means getting food and fluid into the body. This may be done manually, intravenously or by feeding tube.

- **Toileting** means getting to and from and on and off the toilet, and/or performing related personal hygiene.
- **Transferring** means moving into or out of a bed, a chair or a wheelchair. This may be done with or without adaptive devices.

Hands-On Assistance means the physical assistance of another person without which there would be an inability to perform the Activity Of Daily Living in question.

Severe Cognitive Impairment means a loss or deterioration in intellectual capacity that is:

- Comparable to and includes Alzheimer's disease and similar forms of irreversible dementia, including dementia resulting from stroke or trauma, or infectious conditions; and
- Measured by clinical evidence and standardized tests approved by us that reliably measure impairment in short-term or long-term memory, orientation as to people, places or time, and deductive or abstract reasoning.

Standby Assistance means the presence of another person within arm's reach that is necessary to prevent, by physical intervention, injury while performing the Activity Of Daily Living in question.

Substantial Supervision means continual supervision by another person that is necessary for protection from threats to health or safety (such as may result from wandering). It may include cueing by verbal prompting or gestures, or other similar demonstrations.

GENERAL PROVISIONS

RIDER PREMIUM

The annual premium for this rider is shown on the Policy Data page. We can change the premium amount only: (1) After the rider has been in force for three years; and (2) If the change applies to all policies with like benefits insuring the same Risk Class.

RIDER EFFECTIVE DATE

The effective date for this rider is the same as the Policy Effective Date, unless a different effective date has been given to this rider by endorsement signed by you and the Owner, if different.

TIME LIMIT ON CERTAIN DEFENSES

The policy's Time Limit On Certain Defenses provision will apply to this rider as of the effective date of this rider.

TERMINATION OF RIDER

This rider will end on the Termination Date unless the policy ends for any reason prior to that. In addition, the Owner may terminate this rider by sending us a written request. Such termination will be effective on the date the request is received at our Home Office, or on the date the Owner requests, subject to our approval. Termination of this rider may require termination of other riders.

PART OF POLICY

This rider is part of the policy to which it is attached. All policy terms and conditions will apply to this rider if they have not been changed by this rider and do not conflict with this rider.

STANDARD INSURANCE COMPANY

By

A handwritten signature in black ink, appearing to read "J. Greg Ness".

J. Greg Ness
President

A handwritten signature in black ink, appearing to read "Holley Y. Franklin".

Holley Y. Franklin
Corporate Secretary

SERFF Tracking Number:	STAN-126981581	State:	Arkansas
Filing Company:	Standard Insurance Company	State Tracking Number:	47716
Company Tracking Number:	PR9(12/10)		
TOI:	H111 Individual Health - Disability Income	Sub-TOI:	H111.004 Other
Product Name:	CAT Riders		
Project Name/Number:	Rider Update/PR9_1210		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	02/01/2011
Comments:			
Attachments:			
AR Cert of Comp.pdf			
AR Read Cert.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	02/01/2011
Bypass Reason:	Not a policy filing.		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	02/01/2011
Bypass Reason:	Not applicable to forms submitted.		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	02/01/2011
Bypass Reason:	Not applicable to forms submitted.		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	Red-line compares	Approved-Closed	02/01/2011
Comments:			
Attachments:			
PR9_1210Redline.pdf			

<i>SERFF Tracking Number:</i>	<i>STAN-126981581</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Standard Insurance Company</i>	<i>State Tracking Number:</i>	<i>47716</i>
<i>Company Tracking Number:</i>	<i>PR9(12/10)</i>		
<i>TOI:</i>	<i>H111 Individual Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H111.004 Other</i>
<i>Product Name:</i>	<i>CAT Riders</i>		
<i>Project Name/Number:</i>	<i>Rider Update/PR9_1210</i>		

PR9GI_1210Redline.pdf

STANDARD INSURANCE COMPANY
Portland, Oregon

CERTIFICATION OF COMPLIANCE

I certify that this filing complies with Arkansas Rules, as noted below:


Rule 19, Unfair Sex Discrimination in the Sale of Insurance: Standard Insurance Company does not unfairly discriminate among insureds on the basis of sex. Our gender distinct premium rates are supported by morbidity data for males and females, provided in the Actuarial Memorandum attached to this filing.

Rule 49, Life and Health Insurance Guaranty Association Members: We provide "Appendix A" to every policyowner at the time the policy is delivered.

Flesch Certification: A certification of Flesch Reading Ease Scores for the forms in this submission is attached to this filing.

ACA 23-79-138 and Bulletin 11-88 (Act 197 of 1987 and Bulletin 15-2009): The required contact information is printed on the face page of every individual disability policy issued in Arkansas.

January 14, 2011
Date


Dawn McMaster
Assistant Vice President, Individual Disability Insurance


STANDARD INSURANCE COMPANY
Portland, Oregon

CERTIFICATE OF READABILITY

I certify that Standard's form numbers listed below meet the minimum required reading ease score as required by the Arkansas Life and Health Policy Language Simplification Act.

<u>Form Number</u>	<u>Flesch Score</u>
PR9(12/10)	56
PR9GI(12/10)	50

January 14, 2011
Date


Dawn McMaster
Assistant Vice President, Individual Disability Insurance

STANDARD INSURANCE COMPANY

CATASTROPHIC DISABILITY BENEFIT RIDER

BENEFIT FOR CATASTROPHIC DISABILITY

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STANDARD INSURANCE COMPANY

By



J. Greg Ness
President



Holley Y. Franklin
Corporate Secretary

STANDARD INSURANCE COMPANY

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- Comparable to and includes Alzheimer's disease and similar forms of irreversible dementia, including dementia resulting from stroke or trauma, or infectious conditions; and
- Measured by clinical evidence and standardized tests approved by us that reliably measure impairment in short-term or long-term memory, orientation as to people, places or time, and deductive or abstract reasoning.

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STANDARD INSURANCE COMPANY

By



J. Greg Ness
President



Holley Y. Franklin
Corporate Secretary